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A

SUCCESSFUL CASE

OF

OVARIOTOMY.

BY

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## A SUCCESSFUL CASE OF OVARIOTOMY.

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Mrs. M., wife of a colleague, residing in New Hampshire, at the instance of Dr. Henry I. Bowditch, consulted me May 16, 1872, for an enlargement of the abdomen. The patient is a slender person, of medium size, with sharp features, dark complexion, black eyes and hair, the latter slightly sprinkled with gray. She is forty-five years old, and is a native of Maine. Her father died at seventy-six, the mother is still living, having passed the climacteric at fifty. She is a member of a family of four sisters, all more or less invalids. Menstruation has been regular as to time, quantity, and quality, since her fourteenth year. She married at twenty-one, and has given birth three times as follows:—

The first, in February, 1854, one year and nine months after marriage, the last menstruation appearing the June previous; the second, in August, 1855, last menstruation in December previous; the third, in January, 1857, seventeen months after the second, last menstruation in April previous. The two first children were premature and still born, and in both, there were evidences of the arrest of development, at a point near the cervical vertebræ.



The third child was perfectly formed and lived twenty hours. At thirty-four menstruation became irregular, the intervals being variable. Within a year the catamenia have become scanty, and she has suffered from habitual constipation. Two years ago her attention was directed to a small swelling in the vicinity of the right ovary, which has steadily increased. Corresponding with the growth of the tumor, there have been marked nervous manifestations. By inspection, the abdomen was the size of pregnancy at the eighth month. External genitals and mammae normally developed. Palpation gave evidence of a thin layer of adipose tissue. Upon the slightest percussion the wave of fluctuation was distinctly perceptible in all parts of the abdomen, save at a point immediately above the right ovary. A vaginal examination revealed the following:—Vagina normal, no pouching in Douglas' fossa, cervix uteri small, the uterus ante and latero-verted, and movable to a limited degree, its movements being interfered with by a mass pressing upon it from the right. The uterine cavity measured two-and-a-half inches. Having satisfied myself as to the nature of the affection, I informed the husband that his wife was probably suffering from cystic disease of the right ovary, and that an operation for its radical cure was certainly indicated. As to the prognosis, as far as it was possible to predict at all in such cases, it was my opinion that the operation would be successful. In answer to his question as to the reasons for my predictions, I answered, first, I thought it to be a unilocular cyst, and very probably free from adhesions; second, the peculiarly nervous wiry temperament which his wife seemed to possess to an eminent degree, was a condition which I had often seen to operate most favorably in sustaining the vital forces, either against the effects of sudden shock induced by severe operations like the one in contemplation, or by the more

prolonged effect of chronic affections. Upon due consultation with his wife, my proposition was accepted, and I was asked to appoint the time, and select a place for the operation. Remembering the almost uniform ill success which has hitherto attended the performance of ovariectomy in Boston, I informed them that the patient's chances for recovery would be materially enhanced by having the operation performed in the country. The following day the husband informed me that a place answering as he thought my requirements, had been secured at the house of a cousin in Winchester, on the Boston and Lowell R. R., eight miles from the city. The place was situated, he said, quite high ; and had the reputation of being a dry and healthy locality. Without making a personal examination, I accepted the arrangements, and appointed Thursday, May 23d, for the operation, that being ten days after the cessation of the catamenia. During the interval of the last visit and the day appointed for the operation, it occurred to me that I was constantly in attendance upon Dr. H. R. Storer, then suffering from profusely suppurating wounds, I therefore doubted the propriety of going every day from his bedside to that of a patient recently operated upon for ovariectomy. Upon this point I sought Dr. Storer's advice. The Doctor thought there was certainly some risk, and for proof referred me to two cases of ovariectomy recently under his care, where unfavorable, though not fatal symptoms, had been developed as he feared by passing daily from one to the other. Upon hearing Dr. Storer's opinion I abandoned the idea of an operation for the present at least. Two days before the day appointed for the operation the husband called again. I informed him of my determination, and stated to him my reasons for so doing. His disappointment was very great, for he assured me that in view of the operation since their last visit, they had travelled over two hundred



miles in order to effect important domestic arrangements. In spite of my reasons he was unwilling, even feared to propose such a change to his wife, desiring rather to accept the risk, provided all reasonable precautions were taken. Appreciating fully his apprehensions I determined to accept his proposition, and the arrangements already commenced, were permitted to go forward. The operation having been decided upon, the time and place settled, next in order came the preparatory arrangements. For the benefit of my younger confrères, and at the risk of boring the older ones, I propose to give categorically the items in preparing for the operation as well as the items of the operation itself of ovariectomy, or rather what I have deemed necessary in the present case.

I divide the preparations into two general heads. First, the duties of the friends at the house, or by internes and nurses at a hospital; second, the surgeons' duties.

In accordance with the first, the following directions were given to the husband in writing. The requisitions therein contained to be filled the day previous to the operation.

A Crosby fracture bed if possible, if not, a single iron bedstead.

A sofa for nurse.

A rubber blanket.

Four empty earthen ale bottles for hot water.

Six sand bags, five inches wide by eighteen long, for hot sand; a quantity of clean dry sand to be heated and in readiness at a moment's warning, at least an hour before the operation.

One wooden bucket for clean water, another for slops.

A tub or large vessel for receiving the contents of the tumor.

Two basins for sponges, (tin is the lightest.)

A barrel hoop cut in two and fastened together with a

strip of wood some eighteen inches apart, for protecting the abdomen from the pressure of the bed clothing.

A large fan.

A tin bucket to be filled with boiling water when required, for warming adhesive plasters.

An atomizer.

A bed pan.

Two linen handkerchiefs for the administration of chloroform.

Napkins, old sheets, etc., etc., q. s.

Two lbs. chloroform, (Squibb.)

One pint cognac brandy.

Aqua ammonia forte, q. s.

Two lbs. sat. solution carbolic acid, (Nichols.)

Six suppositories composed each of one gr. opium, and one-fourth gr. of ext. belladonna.

Emplastrum adhesivi, a roll.

Two new sponges thoroughly washed and carbolized.

Pieces of soft flannel for controlling the intestines.

Part second. Duty of the surgeon. Secure the services of a capable nurse less than fifty years old.

The following instruments; I mention them in the order they are required at the operation:—

Two silver catheters, one for the nurse.

Three scalpels, recently put in order.

One tenaculum.

Two tenaculum forceps.

Two dissecting forceps.

Two directors.

One pair large straight scissors.

One pair large angular “

One pair small straight “

Surgeon's silk for ligature.

Two small Brown's skeleton wire retractors.

A uterine sound for uterine exploration, another for exploring the abdominal cavity around the tumor for adhesions.

Aspirator Dieulafoy.

Trocar, Spencer Wells.

“ Chassaignac long curved.

“ “ long straight.

“ Small “

Museaux forceps, long and short.

Rachet “

Non-tearing volsellum. (Storer.)

Clamp shield. (Storer.)

Ecraseur.

Acupressure pins.

“ Counter pressor. (Storer.)

Cautery irons.

Gas furnace.

Silver wire. No.

Iron “

Wire engager.

“ twister.

Hollow needles. (Simpson, modified by Storer.)

Needles for superficial sutures.

Galvanic battery.

Hypodermic syringe and solution.

Thermometer.

Upon arriving at Winchester, on the morning of the 23d, I found the location most admirably situated upon the brow of a high elevation of country, and, as I was informed, always with an atmosphere very dry, notwithstanding the fogs that prevail in the valley below at this season of the year. The house itself, the home of a sculptor, as its quaint architecture indicated, is situated in the midst of a beautiful garden, skirted by forest trees. It is built in the form of five pentagons, each pentagon



containing a tier of two rooms. The apartment selected for the operation was in the upper story of the northwest pentagon, an airy, commodious room, commanding from two large windows, to the north and west, a most delightful view of the village below and surrounding country for miles around. This little digression, though it may seem irrelevant to the subject of a scientific paper, is in our opinion by no means so when considered in the relation of the effects of mental impressions upon health and disease. The apartment was excellently well adapted to the purpose. The instructions to the husband had been carried out to the letter. I found my patient assisting in the domestic affairs, in order, as she remarked, "to take up her thoughts." There had been no necessity for the cathartic ordered to be taken the night before, for quite a diarrhœa had ensued, and also a sanguineous discharge per vaginam. The Crosby bed was now dressed and placed in the centre of the room, everything in the way of appliances, etc., scrupulously concealed in closets or neighboring rooms. In the meantime, I arranged in another room my instruments upon two waiters in the order mentioned in the list. Everything being in readiness, the nurse conducted the patient to the bed, the urine having been evacuated a moment before coming into the room. False teeth having been removed, with no one present but the husband, nurse and myself, the administration of chloroform was slowly commenced. The anæsthesia was well taken, and in twenty minutes she was completely under its influence. The appliances, instruments, etc., were now brought into the room and placed in proper positions, as follows: A table with trays containing surgical instruments on the right: buckets containing clean water, with empty one for slops, and the vessel for contents of the tumor, basin with sponges, chloroform, stimulants, disinfectants, etc., on the left.

The gentlemen who kindly honored me with their presence were now invited to enter the room, and each asked to examine the case. All agreed as to the diagnosis and the plan proposed and about to be executed for its radical cure. They now proceeded to place the bed in front, and about three feet from the north window. In this procedure, at Dr. Wheeler's wise suggestion, the operator did not assist. The patient was now drawn down toward the foot of the bed until the knees bent over, the feet resting on the seats of two wooden chairs. The clothing having been drawn up as far as possible from under the back, the patient was surrounded with hot sand bags and bottles, great care having been enjoined to have the latter well covered in order to prevent their burning the patient, while anæsthetized. The limbs were now protected by a sheet thrown loosely over them.

With Dr. Winsor in charge of the anæsthetic, Dr. Weston supporting the limbs by the knees at the side and left, Dr. Wheeler on the patient's left opposite the abdomen, in charge of sponges, and the nurse immediately at his rear, half way between Drs. Winsor and Wheeler, favorably situated to furnish chloroform to the former, and change water and carbolize for the latter, the operator on the right of the patient, his instruments within comfortable reach, the first steps in the operation may be said to have been taken.

With my left hand placed with the palma surface upon the abdomen, making with it firm but gentle traction, I commenced my incision a little to the left of the median line, at a point four inches from the symphysis pubis. Cutting down first through integument, then fat, and cellular tissue, (great care being taken to keep both ends of the wound on the same level,) I soon came down upon the sheath of the rectus muscle. The

latter was now caught up with a tenaculum, the director introduced, then slit up with scissors. Passing through the muscle, a few strokes brought me through the peritoneum and in full view of a smooth bluish colored membrane, easily recognized as the cyst wall. The incision, now two inches in length, was enlarged with angular scissors to three, in the direction of the symphysis pubis. A uterine sound intended for the purpose, previously dipped in a solution of carbolic acid, was now introduced through the wound into the abdominal cavity and swept entirely around the mass in search of adhesions; not having met with any resistance and little or no blood following this proceeding, I concluded that no adhesions existed; or, if any, very slight ones. The use of the aspirator was deemed unnecessary. With the aid of Dr. Wheeler, I now proceeded to evacuate the contents of the cyst by means of a long curved Chassaignac trocar, the canula emptying into the vessel held between the limbs at the foot of the bed. Near two quarts of a straw colored fluid escaped, then suddenly ceased entirely; all attempts failed to elicit any more. A decided prominence still remaining in other parts of the abdomen, it became evident that we had to do with other cysts. A careful examination with a *single finger* within the abdomen confirmed our suppositions. The opening made by the trocar having been secured with a ratchet forceps, the canula was removed, and one small cyst after another, lying in the immediate vicinity, opened and discharged, through the first that had been previously laid open. Later it became necessary to substitute a ligature for the forceps. By steady traction upon that mass of the cyst wall already evacuated, it was ascertained that there were still other masses firmly pressed down below the brim of the pelvis. At this point in the operation we were apprised by Dr. Winsor of a great change in the patient's



condition. The breathing had suddenly become slow with long intervals, the pulse weak and almost imperceptible at the wrist, with other marked symptoms of collapse. This turn of affairs, when everything had been proceeding so well, was anything but agreeable; had it been my first experience of the kind, it might well have filled me with alarm. As it was, preserving as well as possible our equanimity, while I held on to the mass included in the ligature, in order to prevent the escape of fluid into the abdominal cavity, Dr. Weston injected two ounces of pure brandy into the rectum, and applied to the palms of the hands the poles of a galvanic battery. We were kept in this breathless suspense but a few moments; the effect of the stimulants were soon manifest by a more normal respiration and pulse, with a corresponding return of color to the face and warmth to the surface. In less than fifteen minutes (if my estimate of time on such an occasion can be trusted) all danger was over. The happy turn of affairs can better be imagined than described. After a few minutes she began to rally, and showed signs of nausea. Vomiting, however, did not occur. This unpleasant episode did not delay us more than a half hour. The chiliform was now resumed in a moderate degree, and the operation proceeded with. The part I had been holding on to was now carefully investigated with a finger within the abdominal cavity, and was found, as was before suspected, to consist of a series of semi-solid cysts, crowded down to the right of the uterus. By forcible traction exerted upon the ligated portion, cyst after cyst was brought into view and opened as before, through the walls of the one first evacuated, when the remainder emerged with a sally from its hiding place. In the latter no less than seven or eight small cysts in different stages of development were opened and evacuated, until finally, much to

our relief, the pedicle of medium length and breadth, came into view. Further exploration revealed no complication, and the other ovary perfectly healthy. The abdomen was now explored with sponges attached to holders, having been previously saturated and wrung out in a carbolized solution. Not the slightest trace of blood or fluid of any sort could be elicited. With Dr. Wheeler's assistance, an external clamp was now applied one inch and-a-half from the cornu of the uterus, and the pedicle divided with stout scissors. The clamp was now reposed into the lower angle of the wound, and bits of linen cloth folded, and placed under each extremity to protect the parts beneath. Three wire sutures involving the peritoneum were sufficient to bring the wound together, leaving a small opening near the clamp. The latter were now twisted, due allowance being made for oedema. The soiled clothing being removed and the abdomen washed and thoroughly dried, I proceeded now to apply the interlacing straps of adhesive plaster, after Prof. White, of Buffalo, two and-a-half inches wide, not passing entirely around the abdomen, but commencing low down at each side immediately below the ribs, and ending at a point below the trochanters in the manner of a many-tailed bandage; thus, of course, entirely covering the clamp.

Thus protected, she was carefully drawn up to the head of the bed, the sand bags and bottles for the most part removed, the apartment cleared of all the appliances, and the patient left to herself and nurse. She did not rally immediately, but slept quietly for some hours. At 6 P. M. I left her in charge of her husband and nurse, with directions not to administer food of any description until after four or five hours, to draw the urine every four hours, oftener if necessary, and to note its quantity and quality. The cysts and contents weighed not far from thirty pounds.

May 24. I saw the patient this A. M., and received the following report from the nurse:—

“Upon rallying from the anaesthesia she complained of pain in the small of the back. 9 P. M. She took small portions of milk and flour gruel well cooked, with one-third lime-water. Urine was drawn every four hours, was of normal quality and quantity; pulse 90, temperature 98.” No signs of nausea, the abdomen remains perfectly flat.

25th. The patient passed a fair night, has had hours of quiet sleep. The pain in back has entirely ceased, she complained of the lime water causing a burning sensation at the pit of the stomach; the nurse assumed the responsibility to suspend the latter, with relief to the patient, no nausea, abdomen continues perfectly flat, pulse 77, temp. 99.

26th. A good night, slept quietly one-half of the night, urine normal, nourishment continued, and was well borne; abdomen flat, pulse 80, temp. 99.

27th. There is little new to report, about such a night as the previous one, possibly a little more quiet, pulse 86, temp. 98, urine free, abdomen slightly raised along the track of the descending colon, probably an accumulation of gas.

28th. The patient is a little restless this A. M., owing to a sharp attack of colic about midnight, which yielded readily to a suppository composed of a grain of opium, and a fourth grain of the extract of belladonna, pulse is 92, temp. 99, urine high colored, but free. Beef tea added to nourishment.

29th. A fair night, nourishment increased, urine free, normal color, pulse 80, temp. 98.

30th. The patient has had a quiet night, pulse 96, temp. 98. I cut out a portion of the plaster covering the clamp, and removed the latter, found the extremity of



the pedicle dry and hard. The parts exposed were freely carbolized with the spray from an atomizer. Everything seems to be progressing well, without one unfavorable symptom, pulse 80, temp. 96. I removed the stitches and found the incision had healed by first intention, except at a point near the pedicle where a small pocket of pus had formed in the abdominal wall, owing no doubt to the fact of the last wire not having been sufficiently twisted. The cavity was evacuated, and orders left to carbolize it several times per day.

June 2d. I was summoned in great haste to the bedside of my patient very early this A. M. During the night she was taken with difficulty of breathing, severe palpitation, which continued for a time to an alarming degree; but finally yielded to hot applications, stimulants, etc., etc. Upon my arrival she was quite comfortable again, a peculiar nervous condition after the attack was relieved by injection of the fluid extract of valerian. Shortly after the attack the pulse went up to 130. It continued thereabouts until 8 P. M., when it fell to 96.

June 3d. Pulse is 97, temp. 95. The patient is annoyed with flatulence, I therefore ordered a mild cathartic. Four hours after there being no result, the dose was repeated; at 4 P. M., by the aid of an enema, a good dejection followed. A little languor followed the effect of the cathartic, but she soon rallied and felt much relieved, and was able to be moved from the surgical bed to an ordinary one. From this time on I visited the patient for a few moments every morning for ten days, and every other day up to the fourteenth. After this I saw her occasionally up to the middle of June.

The following is a report she sent me of her progress subsequently:—

June 5th. I began to eat and relish solid food.

9th. I was placed upon a lounge to have bed made.

10th. I began to sit up in bed, my regular nurse left.

16th. I was placed in an easy chair, and sat up nearly an hour without inconvenience.

20th. Took a few steps without assistance.

22d. Was carried down stairs and remained there an hour or two.

25th. Walked down stairs.

28th. Walked down stairs and back again.

30th. Took a few steps out of doors.

July 15th. Eight weeks after operation, rode in the cars upward of a hundred miles, could have made the journey before without the least difficulty.

NOTE.—I desire to express to Dr. H. R. Storer my sincere thanks for the numerous opportunities of witnessing his abdominal sections, which invaluable experience has been of so much benefit to me during this operation. As may be seen by the members of the Society who are familiar with his mode of operating, with a few exceptions I have followed it precisely. My sincere obligations are due to Drs. Winsor of Winchester, Wheeler, of Chelsea, and Weston, of East Cambridge, for their most valuable aid, and to Mr. John B. Winslow, Superintendent of the Boston and Lowell R. R., for permitting trains to stop at Winchester to suit my convenience.

Last, but not least, to Miss Thesta Huston, of Chelsea, the efficient surgical nurse of my friend Dr. Wheeler, kindly relieved by him from an important charge for my especial benefit, whose fidelity, zeal, and efficiency lightened my labors, lessened my anxiety, and whose efforts in a most unostentatious manner, greatly contributed to the happy result.—I would tender my sincere thanks, with a hearty recommendation of her invaluable services to any poor sufferer about to undergo the operation of ovariectomy.

The following table, kept by the husband and nurse, indicates the range of the pulse and temperature, during twelve days and nights. Operation May 23d.

		Pulse.	Tem.
May 24th,	A. M....	90	98
" "	M.....	100	99
" "	4 P. M...	90	98
" "	8 P. M...	86	98
" 25th,	4 A. M...	77	99
" "	8 A. M...	77	99
" "	M.....	80	98
" "	4 P. M...	80	98
" "	8 P. M...	80	98
" "	Midnight.	80	98
" 26th,	4 A. M...	75	97
" "	8 A. M...	72	97
" "	M.....	80	98
" "	1 P. M...	76	—
" "	4 P. M...	88	100
" "	8 P. M...	76	99
" "	Midnight.	76	98
" 27th,	4 A. M...	86	98
" "	8 A. M...	78	100
" "	M.....	86	96
" "	4 P. M...	88	99
" "	8 P. M...	80	98
" "	Midnight.	90	99
" 28th,	4 A. M...	92	99
" "	8 A. M...	88	98
" "	M.....	84	98
" "	4 P. M...	84	97
" "	8 P. M...	86	97
" "	Midnight.	84	98
" 29th,	4 A. M...	80	98
" "	8 A. M...	92	99
" "	M.....	96	98
" "	8 P. M...	96	97
" "	Midnight.	96	98
" 30th,	4 A. M...	95	98
" "	8 A. M...	80	98
" "	M.....	90	98
" "	4 P. M...	84	96
" "	8 P. M...	84	100
" "	Midnight.	80	96
" 31st,	4 A. M...	80	96
" "	8 A. M...	84	96
" "	M.....	80	96
" "	4 P. M...	84	98



	Pulse.	Tem.	
May 31st, 8 P. M...	80	96	
" " Midnight.	80	96	
June 1st, 4 A. M...	80	96	
" " 8 A. M...	80	96	
" " M.....	80	96	
" " 4 P. M...	84	98	
" " 8 P. M...	80	96	
" " Midnight.	85	97	
" 2d, 4 A. M...	130	95	Ill turn.
" " 8 A. M...	130	99	
" " M.....	95	96	After valerian injection.
" " 4 P. M...	100	96	
" " 8 P. M...	96	95	
" " Midnight.	97	95	
" 3d, 4 A. M...	85	96	
" " 8 A. M...	85	98	Laxative taken.
" " M.....	85	98	" "
" " 4 P. M...	96	98	Injection and copious dejection.
" " Midnight.	90	96	
" 4th, 4 A. M...	100	96	After taking brandy.
" " 8 A. M...	88	96	
" " M.....	88	96	
" " 4 P. M...	85	96	



